

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$544.40 for date of service 06/07/01.
- b. The request was received on 02/28/02.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution dated 03/27/02
 - b. HCFA(s)-1500
 - c. EOB(s)
 - d. EOB(s) from other carriers to demonstrate reimbursement data
 - e. Medical Records
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC 60 and undated Letter responding to the Request for Dispute
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 04/09/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 04/12/02. The response from the insurance carrier was received in the Division on 04/23/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence dated 03/27/02 that, “(*AMA 76005; **NOT LISTED** IN TWCC 1996 MFG)-Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures....(*AMA 72275; **NOT LISTED** IN TWCC 1996 MFG)-Epiduragraphy, radiological supervision and interpretation. (76000-Fluoroscopy Tech \$88.00) **Listed** in the TWCC 1996 MFG-Separate procedure,...**This is not what we are providing and should be reimbursed at another codes technical value!!**....Carrier has not submitted a fair and reasonable methodology of reimbursements....Per...conversation with...carrier

is paying 20% more of another codes tech fee reimbursement 76000-\$88.00, this is not fair and reasonable reimbursement....(The facility) is a freestanding facility....Our facility will provide several copies of EOB's from other Work Comp Carriers and Group Health reimbursing according to DOP and reimbursing fluoroscopic guidance with Epiduragram separately."

2. Respondent: The respondent representative states in undated correspondence that, "THE PROCEDURES 74999 WERE BILLED, UNLISTED RADIOLOGY PROCEDURE. THE CARRIER DETERMINED THAT, SINCE THE PROVIDER INSISTS THIS PROCEDURE IS 'OVER AND ABOVE' A FAIR AND REASONABLE AMOUNT OF \$105.60 (76000-27 MAR \$88.00 PLUS 20%, FOR A TOTAL OF \$105.60)."

IV. FINDINGS

1. Based on Commission Rule 133.307 (d)(1&2), the only date of service eligible for review are 06/07/01.
2. The carrier EOB denials are:
"M – REDUCED TO FAIR AND REASONABLE.";
"D – REIMBURSEMENT FOR UNILATERAL OR BILATERAL PROCEDURES IS BEING WITHHELD AS THE MAXIMUM NUMBER OF OCCURENCES [sic] FOR A SINGLE DATE OF SERVICE OR MAXIMUM LIFETIME FOR THE CLAIM HAS BEEN EXCEEDED.";
"N - NOT DOCUMENTED."
Rule 133.304 (c) states, "The explanation of benefits shall include the correct payment exception codes required by the Commission's instructions..." The carrier failed to meet Rule 133.304 (c) by denial code "D".
3. The provider billed a total of \$650.00 for date of service.
4. The carrier reimbursed the provider a total of \$105.60 for date of service.
5. The total amount is dispute for date of service is \$544.40.
6. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
06/07/01	76499-27-22	\$350.00	\$105.60	M,P	DOP	Texas Workers' Compensation Commission Act & Rules, Sec. 413.011(d), Rule 133.304 i) 1-4); MFG, GI (III), CPT & modifier descriptors	Commission Rule 133.304 (i)(1-4) requires the carrier to explain it's methodology in determining fair and reasonable. The carrier submitted a response containing it's methodology. The carrier bases it's reimbursement on the MAR of CPT code 76000-27, which is \$88.00 plus 20%. The MFG, GI (III) (A) states, "(DOP) in the ... (MAR) column indicates that the value of this service shall be determined by written documentation attached to or included in the bill." The provider failed to meet the DOP criteria. The provider submitted EOB(s) from other carriers to document fair and reasonable reimbursement and comply with the criteria of Sec. 413.011(d) of the Texas Labor Code. However, recent SOAH decisions have placed minimal weight to EOB(s) for documenting fair and reasonable reimbursement. Therefore, based on the documentation available for review, no additional reimbursement is recommended
06/07/01	76499-27	\$300.00	\$0.00	N	DOP	MFG, GI (III) (A), CPT & modifier descriptor;	The MFG, General Instructions (III)(A) states, "(DOP) in the maximum allowable reimbursement (MAR) column indicates that the value of this service shall be determined by written documentation..." The provider failed to meet the DOP criteria. Therefore, no reimbursement is recommended.
Totals							The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 11th day of June, 2002.

Donna M. Myers, B.S.
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.